THE STATE OF NEW HAMPSHIRE SUMMARY OF BENEFITS



Your CIGNA HealthCare Network HMO plan

Features that Add Value

- The reassurance of having a **personal Primary Care Physician (PCP)** who is your source for routine care and for guidance when you need more than routine care. As your needs change, so may your choice of doctors.

 That's why you can change your Primary Care Physician for any reason.
- The CIGNA HealthCare 24-Hour Health Information LineSM connects you **to registered nurses** and a **library** of hundreds of recorded programs on important health topics 24 hours a day, 7 days a week, from anywhere in the U.S.
- CIGNA HealthCare *Healthy Rewards*® includes special offers for **discounts** on health-related products and services. To learn more, call 1.800.870.3470 or visit our Web site at www.cigna.com.
- Our Guest Privileges program brings your CIGNA
 HealthCare benefits along when you temporarily relocate
 or send kids to schools away from home. Call CIGNA
 HealthCare Member Services to learn more.
- CIGNA Behavioral Health offers you access to professional consultation over the phone to help you with problems that affect you, your family, or your work.

Quality Service Is Part of Quality Care

- **Responsive service** -- Member Services representatives have the authority to **solve problems** on the phone, usually on the first call.
- www.cigna.com Visit our interactive Web site to learn more about your plan and get health information, 24 hours a day.
- We Speak Many LanguagesSM. We offer the Language Line Service so that you can talk with us in 140 different languages. Just call Member Services, and ask for an interpreter to assist you.

It's Your Health

When you choose CIGNA HealthCare, you can take advantage of our **health and wellness** programs

- Preventive care services for every covered family member.
- See a participating OB/GYN **no referral** required.
- The CIGNA HealthCare Well-Aware Program for Better Health® can **help you manage** certain chronic conditions.
- The CIGNA HealthCare Healthy Babies® program provides you with education and support to help you have a **healthy pregnancy** and **a healthy baby**. And there's no copayment for prenatal care office visits. You Can Depend on CIGNA HealthCare
- Quality comes first. We select participating providers carefully. And we make sure you have a wide range of PCPs and specialists to choose from.
- Emergency and urgent care are covered wherever you go, worldwide, 24 hours a day.

For Employees of: The State of New Hampshire Active Employees and Other Non-retiree participants

Primary Care Physician (PCP) Office Visit Preventive Care for children and addits including immunizations Medical Care for Illness or Injust Surgery Performed in the Physician's Office Routine Mammograms, PSA, Pap Test No charge Specialty Physician Office Visit Office Visits: Consultant and Referral Physician Services Allergy Treatment/Injections Surgery Performed in the Physician's Office S5 S1 S2 S4 S4 S4 S5 S5 S4 S4 S5 S5 S4 S4 S5 S5 S5 S6 S6 S6 S6 S7 S6 S7 S7 S7 S8 S7 S8 S7 S8		
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Coverage will be provided for the following services: Testing and treatment services performed in connection with an underlying medical condition. Testing performed specifically to determine the cause of infertility. Treatment and/or procedures		\$5
Testing and treatment services performed in connection with an underlying medical condition. Testing performed specifically to determine the cause of infertility. Treatment and/or procedures	Office Visit (Tests, Counseling)	
Testing and treatment services performed in connection with an underlying medical condition. Testing performed specifically to determine the cause of infertility. Treatment and/or procedures	Coverage will be provided for the full	
underlying medical condition. Testing performed specifically to determine the cause of infertility. Treatment and/or procedures		
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BENEFIT HIGHLIGHTS	
TMJ – Surgical and Non-Surgical- case-by-case basis. Always excludes appliances and orthodontic treatment. Subject to medical necessity.	\$5
Mental Health Services Inpatient	No charge
Outpatient Up to 20 visits per calendar year	\$5
Substance Abuse Inpatient Up to 20 days per calendar year	No charge
Outpatient Services Up to 20 visits per calendar year	\$5
Durable Medical Equipment/External Prosthetic Appliances	No charge
Vision Care Eye exam	\$5
Exam Frequency Under age 19 Age 19 and over	One exam every calendar year One exam every two calendar years
Hardware	\$100 every two years for each member
OTHER BENEFIT INFORMATION	
Health Club/Equipment Reimbursement	Approved CIGNA Health Club reimbursement up to \$450 per employee or up to \$200 reimbursement for CIGNA approved exercise equipment
Annual Deductible	None
Annual Out-of-Pocket (OOP) Maximum	None
Lifetime Maximum	Unlimited

For Prescription benefit coverage, please contact Local Government Center customer service at 1-800-527-5001

All services, except for emergency services, routine vision care, routine care provided by a participating OB/GYN, Mental Health and Substance Abuse services authorized by CIGNA Behavioral Health, Inc. must be provided by or authorized by your Primary Care Physician (PCP) in order to be covered.

Please note this benefit summary highlights some of the benefits under your plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits will be provided in your Summary Plan Description (SPD) booklet.

Mental Health

All Mental Health and Substance Abuse benefits are authorized by CIGNA Behavioral Health, Inc., or its affiliates.

Benefit Exclusions.

These are examples of the exclusions in your plan. The complete list of exclusions is provided in your Certificate or Summary Plan Description. To the extent there may be differences, the terms of the Certificate or Summary Plan Description control.

Your plan provides coverage for medically necessary services. Your plan does not provide coverage for the following except as required by law:

- Services that are not medically necessary, except specifically outlined preventive care.
- 2. Charges which the person is not obligated to pay.
- Charges made by a hospital owned by or performing services for the U.S. government if the charges are directly related to a sickness or injury connected to military service.
- Custodial services not intended primarily to treat a specific injury or sickness, or any education or training.
- 5. Experimental, investigational or unproven procedures and treatments.
- 6. Cosmetic surgery or therapy.
- Reports, evaluations, examinations, or hospitalizations not required for health reasons, such as employment, insurance or government licenses and court ordered forensic or custodial evaluations.
- 8. Treatment of the teeth or periodontium, unless such expenses are incurred for:
 (a) charges made for a continuous course of dental treatment started within six months of an injury to sound natural teeth; (b) charges made by a Hospital for Bed and Board or Necessary Services and Supplies; or (c) charges made by the outpatient department of a Hospital in connection with surgery.
- 9. Reversal of voluntary sterilization procedures.

- 10. Certain infertility services.
- Transsexual surgery and related services.
- 12. Treatment for erectile dysfunction.

 However, penile implants are covered when an established medical condition is the cause of erectile dysfunction.
- 13. Therapy to improve general physical condition.
- Charges for the maintenance and repairs of external prostheses due to misuse.
- Surgical treatment for correction of refractive errors, including radial keratotomy.
- 16. Prescription and Non-prescription drugs
- 17. Routine foot care.
- Any injury or sickness arising out of, or in the course of, any employment for wage or profit.
- 19. Charges for consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as provided in the Certificate or Summary Plan Description.
- Charges for medical and surgical services intended primarily for the treatment or control of obesity.
- Speech therapy which is not restorative in nature.
- Artificial aids, including but not limited to orthopedic shoes, arch supports, elastic stockings, dentures.

These Are Only the Highlights

As you can see, the plan is designed to combine in-depth coverage with affordable prices. This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Summary Plan Description or Insurance Certificate. This plan is insured and/or administered by Connecticut General Life Insurance Company, a CIGNA Company.

"CIGNA HealthCare" refers to various operating subsidiaries of CIGNA
Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, CIGNA Vision Care, Inc., Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

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